



Cayuga Nation

Housing Authority

P.O. Box 803 • Seneca Falls, NY 13148 • Phone (315) 568-0750 • Fax (315) 568-0751 • E-mail admin@cayuganation-nsn.gov

Application for Housing

Greetings:

Thank you for your interest in exploring your housing options with the Cayuga Nation Housing Authority. The Cayuga Nation Housing Authority provides rental housing and lease-to-purchase housing options. Both options are offered either in the low-income housing program or in the non-low-income housing program.

The following are the income limits for the low-income housing program:

1 Person	\$32,050
2 Persons	\$36,600
3 Persons	\$41,200
4 Persons	\$45,750
5 Persons	\$49,400
6 Persons	\$53,050
7 Persons	\$56,750

If your total income exceeds the income limits, the Housing Authority cannot serve you with their low-income housing program. You will need to call the Housing Authority for the non-low-income details if your income exceeds the above incomes. Please be advised that regardless of income, the information requested by the Application will serve both programs.

Please read through the entire application before completing it. If there are any questions, please do not hesitate to e-mail at admin@cayuganation-nsn.gov or call at 315-568-0750. When completed, please send the completed application by mail, e-mail or fax.

Sincerely,

Justin Bennett
Housing Director

Applicant Checklist

The following is a list of mandatory information to be included with your complete rental application. The list pertains to all members of your household whom you have included on your application.

Personal Information

1. ____ I.D. (Driver's license, passport) for all adults over 18 years
2. ____ Birth Certification
3. ____ Proof of Tribal Enrollment
4. ____ Social Security Card

Income Verification

5. ____ Pay stubs for four (4) current pay periods
6. ____ Disability, Social Security, Social Services, insurance payments and Pensions with the award letter with current amounts.
7. ____ Court ordered and amounts of alimony and or child support payments received by any household members.
8. ____ Any other income received by any member of your household.
9. ____ List any assets, other than necessary items of personal property and interests in Indian trust land.

Exemption Verification

10. ____ Tuition papers or letter from school system that verifies your dependant, 18 years of age or over (not head of household or spouse) attends college or a certificate program vocational school full time.
11. ____ Receipts for childcare expenses if both parents work or attend school.
12. ____ Elderly Only, receipts for medical expenses, including health insurance premiums not covered by the insurance or the Seneca Nation Health Care System.

Notes:

1. Effective October 1, 1984, HUD regulations for exemptions from income on which rents are computed are as follows:
 - a. \$480/dependant less than 18 years, or full-time student.
 - b. Childcare expenses (babysitting costs)
 - c. \$400/Elderly family (head of household or spouse must be elderly disabled or handicapped)
 - d. Medical expenses that exceed 3% of total family income for elderly families
2. Non low-income rents are computed according to 33% of adjusted family income not to exceed the Fair Market Rent amount of the county.
3. Low-income rents are computed according to 25% of adjusted family income not to exceed the Fair Market Rent amount of the county.

Cayuga Nation Housing Authority Rental Program

Application Procedure:

1. Interested persons fill out application & submit income of all household members listed on application.
 - a. Applicant and or family members must sign release forms that will be sent to employers or agencies to verify income information, rental history and statement of health
 - b. Applications are incomplete if you do not submit any part of the following: rental history, statement of health and statement of income.
2. Applications will not be accepted and date-stamped as received until they are deemed complete by the Tenant Manager
3. Applications will be determined to eligible or ineligible by the Tenant Manager.
4. Eligible applications are placed on a waiting list & divided into lists according to size (one, two, three, etc. bedroom unit). Ineligible applications are placed in the ineligible file.
5. Applicants will receive written notification of their status within five (5) business days.
6. Applications are good for one year, and need to be updated annually. After one year the application will be placed in an inactive file if the applicant has not updated his or her information (updates include change of contact info., family composition). The applicant's name will be removed from the waiting list.
7. When a unit becomes available, the applicant at the top of the list for that sized unit will be notified. If interested in the available unit, the applicant must submit current income verification, family composition, and exemption verification. The rent rate will be computed and pro-rated, if the applicant will be moving in on a day other than the first day of the month. The applicant may choose to pay the security deposit in full upon admission or pay half upon admission and the other half within the first two months of occupancy.
8. A date for pre-occupancy will be set, the Tenant Manager, Maintenance Supervisor and the Tenant will inspect the unit together. Photos of the exterior and interior will be taken at this time to provide back up for the inspection checklist. Questions pertaining to the dwelling unit and or the rental program will be discussed. The tenant will receive the following information: CNHA hours of operation, collection policy, utility transfer and emergency contact numbers.
9. The first month's rent payment must be received in full, as well as all or half of the security deposit, before the keys are turned over to the tenant. The rental dwelling lease will be discussed, and then signed by the tenant, executive director in the presence of a witness.

Rental Application

Date: _____

Desired Address: _____

Name: _____

Current Address: _____

Phone (Hm): _____ Cell: _____ E-mail: _____

Family Composition

List all persons who will move into the unit

	Name	Sex	Relationship	DOB	Enrolled?	SSN
1						
2						
3						
4						
5						
6						
7						

Sources of Income

All Household Income Must be Reported

Name	Employer/Source	Address	Monthly Income Amt.
			\$
			\$
			\$
			\$
			\$

1. Will you be bringing a dog and/or cat to your rental unit? ☐ Yes ☐ No
2. Have you ever lived in public housing? ☐ Yes ☐ No
 - a. If so, Where? _____ and When? _____
3. Do you currently own a home? ☐ Yes ☐ No
 - a. If Yes, why are you applying for this program?

4. Is Applicant and/or household member currently serving in the military? ☐ Yes ☐ No
 - a. If Yes, who? _____
5. Has applicant ever served in the Armed Services? ☐ Yes ☐ No

Current Housing Conditions and Needs:

1. Are you currently without housing? ☐ Yes ☐ No
a. If Yes, what are your present living arrangements?

2. Are you about to be without housing? ☐ Yes ☐ No
a. If Yes, what type of notice to you have and when is the effective date?

3. Are you living under substandard housing conditions? ☐ Yes ☐ No
4. Is your housing structurally unsafe? ☐ Yes ☐ No
5. No running water in dwelling unit? ☐ Yes ☐ No
6. No usable flush toilet in dwelling unit? ☐ Yes ☐ No
7. No installed usable tub or shower in dwelling unit? ☐ Yes ☐ No
8. No operating sink or proper stove connections in kitchen? ☐ Yes ☐ No
9. Inadequate or unsafe heating facilities for dwelling unit? ☐ Yes ☐ No
10. Overcrowded? ☐ Yes ☐ No
a. # of Bedrooms _____ # of Persons _____
11. Single family unit occupied by 2 or more families? ☐ Yes ☐ No

Please list any other conditions and/or factors of your housing need(s):

Please list any other comments and/or concerns:

I understand that this is not a contract and does not bind either party. The above information is true and complete to the best of my knowledge. I have no objections to inquiries being made for the purposed of verifying the statements made herein. I also understand that the Cayuga Nation Housing Authority reserves the right to reject my application if it found to contain false information.

Signature of Applicant

Date

Approved By

Date